

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046147

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

9

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SHAWNEE Township

Length of stay in lb

78 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

HOME

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

a. STATE

MO

b. COUNTY

CAPE GIRARDEAU

c. CITY

OR TOWN

JACKSON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

RT-4

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First John

Middle Nichols

Last Clingingsmith

4. DATE OF DEATH

Month DEC

Day 25

Year 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-1-8884

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

NEELYSLANDING-MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

NICK YANEY

13b. MOTHER'S MAIDEN NAME

HIT Clingingsmith

14. NAME OF HUSBAND OR WIFE

LARA AARON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service)

N/A

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Elwood DUNN

Address

6EMAY 25, 1970

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-13-62 to 12-25-62 and last saw him alive on 12-13-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. J. McDonald MO

(Degree or title)

22b. ADDRESS

JACKSON, MO.

22c. DATE SIGNED

1-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-29-1962

23c. NAME OF CEMETERY OR CREMATORY

NEW BETHEL

23d. LOCATION (City, town, or county)

NEELYSLANDING

(State)

MO

24. FUNERAL DIRECTOR

McCombs

ADDRESS

JACKSON-MO

25. DATE RECD. BY LOCAL REG.

1-4-1963

26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0160

2 0160

3

4 0

5 2

6

7 0

8 0

9 420.1

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James Jackson

Licensed Embalmer No. 5097

P. O. Address

Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.